

Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	Paper
Computer Readable Form (CRF)::	Yes
Number of copies of CRF::	1
Title::	METHOD FOR THE IDENTIFICATION OF COLORECTAL TUMORS
Attorney Docket Number::	2503-1170
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: DANIELE  
Middle Name::  
Family Name:: CALISTRI  
Name Suffix::  
City of Residence:: FORLI  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing ISTITUTO ONCOLOGICO ROMAGNOLO  
Address:: COOPERATIVA  
SOCIALE A R.L., CORSO MAZZINI 65  
City of Mailing Address:: FORLI  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: CLAUDIA  
Middle Name::  
Family Name:: RENGUCCI  
Name Suffix::  
City of Residence:: FORLI  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing ISTITUTO ONCOLOGICO ROMAGNOLO  
Address:: COOPERATIVA

SOCIALE A R.L., CORSO MAZZINI 65

City of Mailing Address:: FORLI

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address::

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP04/01997	2/27/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	MI2003A000434	3/7/03	Yes

**Assignment Information**

Assignee Name:: ISTITUTO ONCOLOGICO ROMAGNOLO

COOPERATIVA SOCIALE A R.L.

Street of Mailing CORSO MAZZINI 65

Address::

City of Mailing Address:: FORLI

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address::